



TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

Date: May 2, 2006

BULLETIN

This bulletin is one in a series of routine updates regarding Prescription Advantage. These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

Enrollment Fee Letter

Prescription Advantage provides supplemental financial assistance to current members based on the member's income and the assistance they receive from Medicare. For members with incomes between 300% FPL and 500% FPL (\$28,711-\$47,850 single; \$38,491-\$64,150 married couple) Prescription Advantage assistance will begin when they have accumulated \$2,870 in out-of-pocket costs. These members will be charged a \$200 annual enrollment fee in exchange for this cap on catastrophic drug costs.

Members in this income category will receive the attached letter this week.



<Date>

<First Name> <Last Name>

<Street or P.O. Box>

<City>, <State> <Zip>

Dear <First Name> <Last Name>:

This letter contains important information concerning your Prescription Advantage benefits. Please read it carefully.

Prescription Advantage currently provides you with an annual out-of-pocket spending limit of \$2,870. If you reach this limit, your co-payments for the remainder of the Plan year will be \$0 for prescription drugs covered by your Medicare drug plan. Also, you will have no co-payments for benzodiazepines, which are not covered by most Medicare drug plans.

Prescription Advantage determines the level of benefits that you receive based upon your annual gross household income calculation. Using the income documentation that we currently have in your file, Prescription Advantage calculated that your level of benefits requires that you pay **an annual enrollment fee of \$200** in order to maintain your membership.

Please keep in mind your Prescription Advantage benefits will not begin until you have spent \$2,870 on your prescription drugs within the Plan year. If you decide that the coverage you receive from Medicare is sufficient to cover your prescription drug needs and you do not wish to continue your Prescription Advantage membership, please call Customer Service. Prescription Advantage Customer Service number is listed at the end of this letter.

If you would like to continue receiving your Prescription Advantage benefits, **we must receive your payment of \$200 by <date>**. The payment due is for the benefit period of January 1, 2006 – December 31, 2006. Please make your check payable to Prescription Advantage, complete the attached form, and mail to:

**Prescription Advantage
Attention: Billing Department
P.O. Box 15153
Worcester, MA 01615-0153**



If you decide you would like to terminate your Prescription Advantage membership or if you believe that the income documentation we have on file is incorrect or outdated, please contact Customer Service for further instructions.

If you have any other questions regarding this correspondence, please call Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,

Prescription Advantage

Please detach and return with your payment in the enclosed envelope.

PAYMENT REMITTANCE

Member's Name

Mailing Address

City/Town

State

Zip

Prescription Advantage ID #

☐ Please check this box if your mailing address is different from what is listed above, and fill in your correct address below.

New Address:
